. C. S. PTO

PTO/SB/05 (11-00)
Approved for use through 10/31/2002 OMB 0851-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

at the 1 operwork reduction Act of 1990, no persons are rec	uirea to re	spond to a collection of	of information unless it displays a valid OMB control numb				
UTILITY		y Docket No.	SHC0139				
PATENT APPLICATION	First In	ventor	Toshiya Yagou et al.				
TRANSMITTAL		BODY FLUID AF	BSORBENT PANEL FOR SANITARY WEARING.				
ly for new nonprovisional applications under 37 CFR 1.53(b))	Express	Mail Label No.	EL731284482HS				

(Only for r	new nonprovisional applications under 37 CFR 1.53(b))	Express	Mail Label No.		EL731284482US				
	APPLICATION ELEMENTS			Assi	stant Commissioner for Patents	7			
See MPI	EP chapter 600 concerning utility patent application of	contents.	ADDF	RESS TO: Box	Patent Application hington, D.C. 20231	3			
1.	Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee procession	ng)	7. CD-	ROM or CD-R in	duplicate, large table or	25			
2.	Applicant claims small entity status. See 37 CFR 1.27.	-	Nucleotide	nputer Program (and/or Amino Ad all necessary)	Appendix) cid Sequence Submission				
з. 🗸	Specification [Total Pages	26]	a.	7	adable Form (CRF)	100			
	(preferred arrangement set forth below) - Descriptive title of the invention		b. Spe	cification Sequer	nce Listing on:				
	- Cross Reference to Related Applications		i.		or CD-R (2 copies); or				
	 Statement Regarding Fed sponsored R & D Reference to sequence listing, a table, 	,	ii.						
	or a computer program listing appendix			1					
	- Background of the Invention		с.	Statements ve	rifying identity of above or	pies			
	Brief Summary of the Invention Brief Description of the Drawings (if filed)		ACCON	PANYING A	PPLICATION PART	•			
	- Detailed Description					_			
	- Claim(s) - Abstract of the Disclosure		10 37 CI	FR 3.73(b) State	ment Power of A	,,			
	D			there is an assigne sh Translation Do	ocument (if applicable)				
	Drawing(s) (35 U.S.C. 113) [Total Sheets	4]	12. Information State	mation Disclosure ment (IDS)/PTO	Copies of II	os			
	Declaration [Total Pages	2]	1 —	minary Amendme					
a.	Newly executed (original or copy)			n Receipt Postca					
b.	Copy from a prior application (37 CF (for continuation/divisional with Box 18 con	R 1.63(d))	(Shou	ld be specifically ite ied Copy of Prior	mized) rity Document(s)				
	DELETION OF INVENTOR(S	9	(if fore	ign priority is claime	ed) ` `				
Signed statement attached deleting inventor(s) 16. (b)(2)(B)(i). Applicant must attach form PTO/SB/35									
	named in the prior application, see 1.63(d)(2) and 1.33(b).	37 CFR	or its	equivalent.					
6. Application Data Sheet. See 37 CFR 1.76									
18. If a C orin an Appli	CONTINUING APPLICATION, check appropriate ication Data Sheet under 37 CFR 1 76	box, and su	ipply the requisite info	mation below and	in a preliminary amendment,				
	Continuation Divisional Continua	tion-in-part	(CIP) of prior ap	plication No.:	1				
Prior	r application information: Examiner			Comment (And (In N					
For CONTINUINGER	NUATION OR DIVISIONAL APPS only: The entire	disclosure	of the prior applica		an oath or declaration is a	— supplied			
eference. T	5b, is considered a part of the disclosure of the he incorporation can only be relied upon when a	portion has	been inadvertently of	omitted from the s	ubmitted application parts.	ated by			
	19. COR	RESPON	DENCE ADDRE	SS					
X Cust	omer Number or Bar Code Label	00832		or 🗆 C	orrespondence address below	,			
	(Insert Customer	No. or Attac	ch bar code label here)					
Name	Baker & Daniels								
	111 East Wayne Street, Suite 800								
Address	111 Mass Wayne Street, Suite 600								
City	Fort Wayne	State	IN	Zip Code	46802				
Country	USA Tele	phone :	219-424-8000	Fax					
Name	(Pnnt/Type) Michael S. Gzybowski			No. (Attorney/Agent		${ extstyle } { extstyle } { extstyle }$			
Signa	The of Co.	7	, togistiation		52,010	-			
Signa	in what some	110-		Date	August 24, 2001	,			

Burden Note Statement: This form is estimated to Make Officer to complete. Three will very depending upon the needs of the individual case. Any comments on the amount of time you are requirsed to be object in 15 cm on those to see the state of the individual case. Any Washinghon, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Assetsent Commencer for Pleater, Box

August 24, 2001

FEE TRANSMITTAL Complete if Known for FY 2001 Application Number Filing Date First Named Inventor Toshiya Yagou et al. Patent fees are subject to annual revision. **Examiner Name**

Group Art Unit

TOTAL AMOUNT OF PA	AYMENT	\$71	0.00	Atto	mey D	ocket	No.	SHC	0139			
METHOD OF PAYMENT				_	_	-	EECA	LCIII	ATION (
The Commissioner is hereby authorized to charge				DDIT	IONA			LCUL	ATION (continued	,	
Deposit Deposit	dit any overpay	ments to.	Large	Entity	Small	Entity	EO					
	02-0385		Fee Code	Fee (\$)	Fee Code	Fee (\$)			Descript			Fee Paid
Deposit			105		205				te filing fee			
Account BAKEI Name	R & DANIE	ELS	127	50	227	25	sheet	irge - lat	te provision	al filing fee	or cover	
Charge Any Additional Fe Under 37 CFR §§ 1 16 an	e Required		139	130	139				specification			
Applicant claims small en				2,520					uest for ex p			
See 37 CFR § 1 27			112	920*	112	920*	action	sting pul	blication of	SIR prior to	Examiner	
2. Payment Enclosed:			113	1,840*	113	1,840*	Reque	sting pul	blication of	SIR after E	xaminer	
Check Credit ca	ard Mone	Other	115	110	215	55		on for re	eply within f	irst month		
FEE CALC	ULATION		116	390	216	195	Extens	ion for re	eply within s	econd mor	nth	
1. BASIC FILING FEE			117	890	217	445	Extens	ion for re	eply within t	hird month		
Large Entity Small Entity			118	1,390	218	695	Extens	ion for re	ply within f	ourth mont	h	
Fee Fee Fee Fee E Code (\$) Code (\$)	escription	Fee Paid	128	1,890	228	945	Extens	ion for re	ply within f	ifth month		
101 710 201 355 Utility fi	ling fee	710.00	119	310	219	155	Notice	of Appea	al			
106 320 206 160 Design	filing fee		120	310	220				support of a	an appeal		
107 490 207 245 Plant fil			121	270	221				l hearing			
108 710 208 355 Reissue	-			1,510		1,510			ute a public		eding	
	onal filing fee		140	110	240				e - unavoid			
SUBTOT	AL (1)	\$710.00		1,240	241				e - unintent			
2. EXTRA CLAIM FEES			142	1,240	242				(or reissue)			
Extra Claims	Fee fro		144	600	243		Design		е			
Total Claims II -20** =	0 X	= 0.00	122	130	122	300 130	Plant is		Commissio			
Independent 1 - 3** =	0 X	= 0.00	123	50	123				under 37 C		/-×	
Multiple Dependent		J = L	126	180	126	180			nformation		(q)	
Large Entity Small Entity Fee Fee Fee Fee	Fee Descriptio	n	581	40	581		Stateme	ent				
Code (\$) Code (\$) 103 18 203 9 Claim:	s in excess of 2						(times r	iumber c	patent ass of properties	3)		
	endent claims in		146	710	246	355	(37 CFF	submiss ₹§ 1.12	sion after fin 29(a))	al rejection	1	
104 270 204 135 Multipl	le dependent ci	aim, if not paid	149	710	249	355	For eac (37 CFF	h additio	nal invention	n to be exa	mined	
109 80 209 40 ** Reis	ssue independe original patent	nt claims	179	710	279	355			tinued Exa	mination (F	RCE)	
	ssue claims in e	xcess of 20	169	900	169	900	Reques of a des	t for exp	edited exam	nination		
and	over original pa	tent	Othe	r fee (s	pecify)		0.00	igii u ppi	ICEUCII			==
SUBTOTAL	L (2)	\$0.00										
or number previously paid, if grea	ter For Reissu	es see ahove	*Red	uced by	Basic I	Filina F	ee Paid		SUBTO	TAL (3)		
SUBMITTED BY							aid					
	Michael S. Gzyb	overlei		egistrat			24.6		Complete (f applicable)		\longrightarrow
	A G	O		ttomey/		1_	32,816		Telephone		219-424-80	00
Signature / //1.00	cel 5 l	y ford.						- 1	Date	Au	gust 24, 200	11

WARNING: Information do this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on

Busten Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete his form should be sent to the Cinet information Officer, Patient and Trademark Office. Washington, DC 20231. DO MOY Skilb FEE3 on COMPLETED PORMS TO THIS ADDRESS. SKD TO: Assistant Commissioner for Patients, Washington, DC 20231.

v. Y									
CERTIFICATE OF	MAIL" (37 CFR 1.10)	Docket No.							
Applicant(s): Toshiya Y		SHC0139							
Serial No.	Filing Date	Examiner	Group Art Unit						
Invention: BODY FLUID ABSORBENT PANEL FOR SANITARY WEARING ARTICLE									
I hereby certify that the following correspondence: UTILITY PATENT APPLICATION									
	(Identify to a	of correspondence)							
is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: The Assistant Commissioner for Patents, Washington, D.C. 20231 on AUGUST 24, 2001 MICHELLE L. NEAL									
	Note: Each paper must ha	ve its own certificate of mailing.							